



PERS 65
STANDARD OPERATING PROCEDURES

FOR THE USE OF THE
NAF PURCHASE CARD PROGRAM



FOR OFFICIAL
NONAPPROPRIATED
FUND
PURCHASES

SEPTEMBER 2000

NAVY-WIDE
STANDARD OPERATION PROCEDURE
FOR USE OF
THE PURCHASE CARD
FOR
U.S. NAVY NONAPPROPRIATED FUND
INSTRUMENTALITIES

TABLE OF CONTENTS

1.	SCOPE	1
2.	INTRODUCTION	1
3.	USE OF THE PURCHASE CARD	1
4.	DEFINITIONS	1
a.	CITIBANK	1
b.	Program Coordinator	1
c.	Agency Program Coordinator	1
d.	Approving Official	2
e.	Billing Cycle	2
f.	Billing Cycle Purchase Limit	2
g.	Cardholder	2
h.	Consolidated Report	2
i.	Credit Limit	2
j.	Delegation of Authority	2
k.	Designated Payment Office	2
l.	Disputes	3
m.	NAF Purchase Card Log	3
n.	Monthly Office Limit	3
o.	Monthly Cardholder Limit	3
p.	Merchant Category Code	3
q.	Single Purchase Cardholder Limit	3
r.	Tax Exemption	3
5.	ESTABLISHING THE PURCHASE CARD PROGRAM	4
6.	TRAINING	4
7.	ETHICS STANDARDS	5
8.	APPROVALS	5
9.	CONDITIONS FOR USE	5
10.	AUTHORIZED PURCHASES	7
11.	PROHIBITED PURCHASES	7
12.	RESPONSIBILITIES	7

TABLE OF CONTENTS (CONT'D)

13.	PROCEDURES FOR CARDHOLDERS	9
14.	PROCEDURES FOR APPROVING OFFICIALS	11
15.	ACCOUNTING PROCEDURES	11
16.	LOST OR STOLEN CARDS	11
17.	CITIDIRECT	12
18.	OTHER INFORMATION	12

ATTACHMENTS:

1.	APPROVING OFFICIAL APPOINTMENT	13
2.	CARDHOLDER APPOINTMENT	14
3.	NAF PURCHASE CARD LOG	16
4.	AGENCY PROGRAM COORDINATOR SETUP/MAINTENANCE FORM	17
5.	GUIDE FOR APC SETUP/MAINTENANCE FORM	18
6.	APPROVING OFFICIAL SETUP/MAINTENANCE FORM	19
7.	GUIDE FOR AO SETUP/MAINTENANCE FORM	20
8.	PURCHASE CARD SETUP FORM	21
9.	GUIDE FOR PURCHASE CARD SETUP FORM	22
10.	PURCHASE CARD MAINTENANCE FORM	23
11.	GUIDE FOR PURCHASE CARD MAINTENANCE FORM	24
12.	CARDHOLDER DISPUTE FORM	25
13.	GUIDE FOR CARDHOLDER DISPUTE FORM	26

**STANDARD OPERATING PROCEDURE FOR USING THE
GOVERNMENT-WIDE COMMERCIAL PURCHASE CARD**

1. SCOPE. To establish and provide a Standard Operating Procedure (SOP) for the use of the Purchase Card by U.S. Navy Nonappropriated Fund Instrumentalities to purchase supplies and services using nonappropriated funds, as required, to support the activity needs. Local supplementation of this SOP is not authorized without prior written review and approval from the Chief of Navy Personnel, MWR Division (PERS-65), Millington, TN.

2. INTRODUCTION. The DoN issued a Task Order (#0003) under the General Services Administration (GSA) SMARTPAY Contract (GS-23F-98006), to obtain Purchase Card Services from CitiBank. This contract provides a purchase and payment method for official Government/NAFI use.

In the past, Federal Government and DoD Nonappropriated Fund Instrumentalities (NAFIs) have used various methods to accomplish the purchase of goods and services. These methods have proven to be costly, and occasionally merchants have not accepted them. To promote Contractor acceptance and operational efficiency, the Department of Commerce initiated a pilot credit card program under authority from the Office of Federal Procurement Policy, Office of Management and Budget. The current program, established in 1989, was developed by GSA for the purpose of extending credit card services to all government agencies.

3. USE OF THE PURCHASE CARD. The purchase card is the preferred method to acquire supplies or services valued at or below \$2,500. Use of the purchase card may not be appropriate or cost effective when: 1) the nature of the supply or service necessitates a written contract or purchase order to incorporate specific terms and conditions, or 2) the source of supply does not accept the purchase card.

4. DEFINITIONS.

a. CitiBank is the Contractor, which maintains all purchase card accounts.

b. Program Coordinator. The office with direct overall responsibility for NAF Purchase Card Program. Within the Navy, this office is the MWR Division (PERS-656C1), Navy Personnel Command, Millington, TN. This individual serves as the liaison between the Navy and CitiBank, and Installation Agency Program coordinators/NAF Procurement Offices.

c. Agency Program Coordinator (APC). The NAF Contracting Officer will be the Agency Program Coordinator for the NAF Purchase Card Program at the local level. This person has overall

responsibility for the management, administration and day-to-day operations of the purchase card, and serves as the liaison between the installation and CitiBank. The APC is the Appointing Official and shall designate approving officials and appoint cardholders. The APC **shall not** be a cardholder.

d. Approving Official (AO). An individual appointed by the APC who is responsible for reviewing verifying and certifying the monthly purchase card statements under his/her purview. The AO must verify that all purchases were necessary and for official NAFI/Government purposes. These individuals generally serve in the supervisory capacity.

NOTE: A cardholder cannot be his/her own AO. A cardholder cannot be an AO for his/her supervisor.

e. Billing Cycle. The billing cycle is the 30-day billing period during which ends on the 21st of the month.

f. Billing Cycle Purchase Limit. The spending limit assigned to each cardholder's cumulative purchases and transactions within a billing cycle.

g. Cardholder. The individual employee given a letter of appointment as a NAF ordering officer granting them authority to use the purchase card. An ordering officer appointed under the purchase card program will herein after be referred to as a cardholder. MasterCard is the actual card being used. The MasterCard bears the employee's name/account number and can only be used by that individual to make official NAF purchases in accordance with BUPERSINST 7043.1A (or latest version) and this SOP.

A delegation of cardholder authority does not grant nor imply contracting authority. Cardholders who do not have a NAF Contracting Officer Warrant, shall be limited to purchases utilizing the government MasterCard in amounts of \$5,000 and under per single purchase.

h. Consolidated Report. A monthly listing of all transactions, credits and the total amount charged by the cardholders and billed by the Contractor (merchant). The Consolidated Report is issued to each APC.

i. Credit Limit. The maximum dollar threshold, assigned at the AO level, limiting the amount an AO account can have outstanding at any one time. CitiBank automatically sets the amount at three times the monthly office limit.

j. Delegation of Authority. The APC will issue letters designating the authority of AOs and to appoint cardholders. These delegations and appointments shall stipulate the responsibilities and limits of authority for each cardholder and AO. (See samples at Attachments 1 and 2).

k. Designated Payment Office. The designated payment office is PERS-65 NAF Finance and Accounting Office. PERS-65 will make a single monthly **centralized payment** to CitiBank within 10 working days of receipt of a consolidated report for all purchase card transactions made by NAF activities for the month. Information

shall accompany the consolidated payment to include a list of applicable AO account numbers and dollar amounts.

NOTE: The AO and Cardholder shall forward their monthly statements of account, with supporting sales receipts, to the local NAF Finance and Accounting Office for reconciling other Payables and retention (Reference paragraph 15 of this SOP).

l. Disputes. Transactions listed on the cardholder's statement that do not agree with entries in the purchase card log or with retained receipts. This includes circumstances where the cardholder did not make the transaction, the amount of the transaction is incorrect, or quality is an issue.

m. NAF Purchase Card Log. A manual or automated log in which the cardholder records each transaction (See Attachment 3).

n. Monthly Office Limit. The AO dollar amount established by the APC. The total dollar value shall equal the monthly limits for all cardholders reporting to the AO.

o. Monthly Cardholder Limit. The monthly limit assigned by the AO. The monthly limit should allow for cumulative purchases within the billing cycle.

p. Merchant Category Code (MCC). A four-digit code assigned to a participating purchase card merchant based on their industry classification. Each cardholder's account shall be coded to identify the types of purchases authorized. APCs can limit cardholder transactions by type of merchant by blocking out certain categories. The merchant category codes can be obtained from the Navy Supply System Command (NAVSUP) web site. The internet address is www.navsup.navy.mil, select "Corporate Services", select "02 Contracting Mgt", select "Navy Purchase Card Program", select "CitiBank Forms", scroll down to MCC Templates/Codes, then select "MCC Templates" or "MCC Codes".

q. Single Purchase Cardholder Limit. The established single purchase limit per transaction delegated to the cardholder by the APC. The limit is \$5,000 or less for cardholders designated as ordering officers and \$25,000 (\$50,000 for resale) or less for cardholders with a valid NAF contracting officer's warrant. Purchases between \$5,000 and \$25,000 (\$50,000 for resale) may be accomplished by a NAF contracting officer as long as the amount is within the Contracting Officer's warranted authority.

NOTE: The maximum limit for any single purchase with the NAF Purchase Card is \$25,000 (\$50,000 for resale), regardless of warrant authority. A cardholder with a \$5,000 NAF warrant can purchase up to \$50,000 for resale items.

r. Tax Exemption. All purchases are exempt from state and local taxes to the extent permitted by law. The Phrase "U.S. Government Tax Exempt" is embossed on the front of each purchase card.

Note: It is the cardholder's responsibility to inform the merchant that the transaction is tax exempt. If the merchant still charges

tax, the cardholder can request a credit voucher. If the merchant refuses to issue a credit, the tax charges cannot be disputed, and the tax must be paid.

5. ESTABLISHING THE PURCHASE CARD PROGRAM.

To establish the Purchase Card program, the NAF Contracting Officer can send an informal request to Navy Personnel Command, PERS-656C1, 5720 Integrity Drive, Millington, TN 38055-6560 or fax to (901) 874-6825, DSN: 882-6825 Attn: Julia Metcalfe or via e-mail to: julia.metcalfe@persnet.navy.mil with the following information:

- a. Name, address, telephone and fax number, and e-mail address of the APC (NAF Contracting Officer).
- b. NAF fund number.

PERS-656C1 will set the hierarchy reporting levels and, upon request, will fax the account set-up forms, instructions and sample forms to the APC. (See sample forms and guides at attachments 4-13). The account set-up forms can be also be found via the internet at NAVSUP's web site. The internet address is: www.navsup.navy.mil, select "Corporate Services", select " 02 Contract Mgt", select "Navy Purchase Card Program", then, select "CitiBank Forms". The forms are in Microsoft Word and can be downloaded.

PERS-656C1 will also furnish the specific NAF instructions to the APC for completing the forms. The APC shall fax the completed forms to PERS-656C1.

PERS-656C1 will submit the completed forms to CitiBank for processing.

After the NAF Purchase Card Program is established, the APC is responsible for submitting additional set-up or maintenance forms to CitiBank.

6. TRAINING.

Prospective cardholders and AOs must receive training and orientation covering the purchase card program prior to receiving their appointments. The training will be managed by the APC and will be specifically designed to cover policies and procedures pertaining to small purchases, the use of the purchase card and ethics standards. All cardholders and AOs shall receive a copy of this SOP.

- a. Cardholders and AOs should have a minimum of four (4) hours of training in purchase card procedures. Ethics training, provided by the local SJA/Ethics Counselor, shall be provided to cardholders and AOs as follows:

(1) On-board employees - minimum of one (1) hour of training in ethics annually.

(2) New DoD employees - one (1) hour of ethics training within ninety (90) days of employment.

b. Training is available via the internet on the NAVSUP web site at the following address:

www.navsup.navy.mil , select "Corporate Services", select "02 Contract Mgt." select "Navy Purchase Card Program", select "Presentation and Training Materials", then select "US Navy/Marine Corp Purchase Card Interactive Tutorial".

7. ETHICS STANDARDS.

The Purchase Card is issued in an individual's name. This places the individual in a position of public trust and requires that the cardholder's conduct meets the highest ethical standards. The card shall only be used to purchase supplies or services for official NAFI/Government use. **INTENTIONAL USE OF THE NAF GOVERNMENT PURCHASE CARD FOR OTHER THAN OFFICIAL NAFI/GOVERNMENT BUSINESS WILL BE CONSIDERED AN ATTEMPT TO COMMIT FRAUD AGAINST THE GOVERNMENT.** The cardholder will be personally liable to the NAFI for the amount of any non-government/NAF transactions. Misuse of the purchase card could result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both.

8. APPROVALS.

Acquisition personnel, AOs and cardholders are responsible for obtaining proper approvals and ensuring adherence to other internal approval processes, **prior** to using the Purchase Card. Purchase Cards shall not be used in order to circumvent established internal acquisition or administrative procedures. Issuance of the Purchase Card does not alleviate the requirement for activities to plan procurements in advance so as to avoid emergency purchases for unauthorized items of supply or services.

9. CONDITIONS FOR USE.

Cardholders are authorized to use the Purchase Card only when **ALL** of the following conditions are satisfied:

a. The amount of purchase will not exceed \$5,000 (or the designated single purchase limit if less) per order for unwarranted cardholders. Cardholders with a \$5,000 warrant may use the Purchase Card for purchases for resale up to \$50,000. Cardholders with a \$25,000 warrant or higher may use the Purchase Card for transactions not to exceed \$25,000 (\$50,000 for resale).

b. The total dollar value of purchases in a billing period will not exceed the cardholders monthly purchase limit.

c. The supplies or services do not require technical inspection.

d. Equipment does not require the purchase of maintenance agreements with special terms and conditions. These items should be purchased by the NAF Contracting Officer with a written purchase order. **Exception: Extended service warranties may be acquired with the purchase card at the time of initial equipment purchase.** The Purchase Card can also be used to purchase services to repair or clean equipment.

e. A single purchase cannot exceed the authorized single purchase limit and will be denied by CitiBank. However, single purchases can consist of multiple line items.

f. Purchases are not split into smaller buys to avoid procurement limitations. This is known as "splitting" requirements and is strictly prohibited. Requirements exceeding the single purchase limit must be forwarded through normal channels to the NAF Contracting Officer for purchase.

g. Ensure accountable items are identified to the property control officer.

h. All items purchased are immediately available. Back ordering or delivery of partial quantities should be avoided.

i. All items purchased via the telephone, fax or the internet will not be confirmed with a written order.

j. Items should be delivered in a single delivery. The order shall not be placed with a Contractor without this assurance.

When purchasing items by phone, fax, internet or over-the-counter, the cardholder shall inform the Contractor that the purchase is for Official U.S. Government/NAFI purposes and is not subject to state or local tax. The card is imprinted with the words "U.S. Govt Tax Exempt" for additional clarification.

Note: Some states do not afford the federal government tax-exempt status (e.g. Arizona, Hawaii)

A minimum two way separation of functions is required (i.e. one person making the purchase and one person accepting and receiving the supplies or services). If the cardholder is picking up the material at the Contractor's place of business, another person in the department or activity must verify the purchase and sign the receipt/sales ticket, when the cardholder returns.

Note: If a second individual is not available, the cardholder must obtain the AOs approval, prior to making the purchase.

10. AUTHORIZED PURCHASES.

The card may be used to pay for all commercially available goods and services totaling \$25,000 (\$50,000 for resale) or less and not otherwise restricted by regulations established for Navy Morale, Welfare, and Recreation Activities, which includes BUPERINST 7043.1A (or current version) and restrictions imposed by this SOP.

11. PROHIBITED PURCHASES.

The Purchase CARD **SHALL NOT** be used for the following:

- a. Personal purchases.
- b. Cash advances.
- c. Rental or lease of land or buildings.
- d. Purchases of telephone equipment.
(Beepers are not telephone equipment)
- e. Purchase of telephone services
(includes telephone calls).
- f. NAFI travel expenses governed by the Joint Travel Regulation including airline, bus, or train tickets, car rentals, lodging, or other travel related costs.
- g. Service contracts or maintenance services which require compliance with acts, laws, or executive orders (e.g., Service Contract Act of 1965) and others that require written execution.
- h. Construction contracts which require compliance with acts, laws, or executive orders (e.g., Davis-Bacon) and otherwise require written execution.
- i. Personal clothing or footwear, except when required for safety purposes and where agency/installation approvals are obtained, and/or otherwise authorized by specific NAFI regulations.
- j. ADP hardware/software over \$5,000 for a single purchase.

Note: PERS-65 approval is not required to purchase ADP hardware/software, supplies, diskettes, diskette storage units, screen glare filters for transactions \$5,000 or less.

- k. Any NAFI requirement for supplies or services that requires contract enforcement by means of a written contract (e.g., entertainment). These requirements shall be forwarded to the NAF Contracting Officer on a NAF Purchase Request with proper authentication for execution.

12. RESPONSIBILITIES.

- a. CitiBank will issue the purchase cards to cardholders, and send out monthly statements to cardholders and AOs. CitiBank will pay Contractors in a timely manner and will receive reimbursement from PERS-65, NAF Finance and Accounting Office. CitiBank will within seven (7) work days after the end of the 30th day (21st of the month) billing cycle provide:

(1) Cardholder Statement of Account - listing all purchases, credits and other transactions that the cardholder has made in the 30-day billing cycle.

(2) AO Account Summary - a record of all cardholder activity for which he/she has approving authority and a summary sheet for the current cycle.

b. Agency Program Coordinator (APC). The NAF Contracting Officer will serve in this capacity and will:

(1) Ensure proper training of AOs and cardholders.

(2) Designate AOs.

(3) Issue letters of appointment to cardholders giving them authority to place orders using the purchase card within the monetary limitations set forth in the letter of appointment.

(4) Maintain a current list of AOs, cardholders, and account numbers including addresses and telephone numbers.

(5) Develop and maintain implementing instructions.

(6) Administer the purchase card program to include processing the purchase card applications, issuance and destruction of canceled MasterCard.

(7) Handle disputes/discrepancies with Contractors when they cannot be resolved by the cardholder or AO.

(8) Review cardholders' records annually to ensure that procedures are being followed as outlined in this SOP.

(9) Terminate appointments, when necessary.

c. Approving Officials (AOs). Designated AOs will:

(1) Recommend to the APC the names of the selectees and number of cardholders required for their operation.

(2) Set cardholder single purchase and monthly office dollar limits in coordination with the NAF Finance and Accounting Office.

(3) Review, reconcile, approve, and certify statements (both the AO and cardholder monthly statements) of account and ensure that receipts and documentation are in order. The AO shall enforce the provisions of these procedures and initiate administrative and disciplinary procedures for misuse of the card.

d. Cardholder. Cardholders are responsible for:

(1) Making purchase card purchases, either in person, telephonically, by fax or via the internet as set forth in these procedures and within their established monetary limitations.

(2) Maintaining records, statistics, reconciling and certifying monthly statements of account.

(3) If the AO cannot review the cardholder's statement at the time that it is received because of leave or travel, the cardholder shall certify the statement and send a copy of it

directly to the NAF Finance and Accounting Office. The cardholder shall ensure the AO reviews the statement and certifies it promptly upon his/her return.

13. PROCEDURES FOR CARDHOLDERS.

a. Funds Availability. Cardholders must ensure that funds are available prior to making purchases. Contractors may use either electronic or telephone clearance of the purchase from CitiBank, regardless of the amount. When authorization is sought, CitiBank will check each individual cardholder's single purchase limit and billing cycle purchase limit.

b. Documentation. Cardholders must document all transactions made using the purchase card. A purchase request is not required. A purchase card log (see attachment 3) will be used to document all purchases (list each item). An electronic purchase card log can be used in lieu of attachment (3). If competitive quotes are solicited, document all quotes received. Attach a copy of the quote documentation to the monthly statement when the monthly statement is submitted to the AO. As a minimum, the cardholder will retain, for three (3) years, a copy of each Statement of Account, the log, purchase card receipts, quote documentation and any additional documentation in their purchase card file for audit purposes.

c. Competition. Purchases exceeding \$5,000 shall only be made by a NAF Contracting Officer. A Purchase request with an item description and/or Statement of Work must be completed by the activity and forwarded to the NAF Contracting Officer. The NAF Contracting Officer has the discretion at that time to use the purchase card or other prescribed method of procurement in order to obtain goods and/or services. The NAF Contracting Officer shall document competition in the files.

d. Tax Exempt Status. Advise the Contractor, at the time of purchase, that the transaction is for official Government/NAFI purposes and is not subject to state or local tax. (If a tax identification number is requested, cardholders should obtain the number from their AO or NAF Finance and Accounting Office).

e. Compliance with Laws and Regulations. Comply with all applicable laws and regulations.

f. Purchases via the Internet or by fax. Ensure that appropriate account safeguarding measures are taken. For internet purchases, user identification, authentication, and encryption of data are important factors. Also, cardholders should use a browser with automatic encryption capability (e.g., MS IE 4.X or NETSCAPE 4.X) and comply with the authentication and identification requirements (passwords, identification, PIN#, etc.) when the material is ordered.

g. Administration and Follow-Up.

(1) Cardholder shall certify that the quantity and quality

of the items or services furnished are per the agreement made with the Contractor.

(2) At the close of each monthly billing cycle, cardholders will receive a "Statement of Account" from CitiBank. The Statement will itemize each transaction that was charged to the Purchase Card. Upon receipt of the statement, the cardholder shall:

- (a) Review the Statement for accuracy.
- (b) Provide a complete description of each item purchased on the statement.
- (c) Indicate the accounting code to which the purchases should be charged.
- (d) Attach sales receipts to the Statement.
- (e) Note any discrepancy or error on statement.
- (f) Sign the statement and forward it to the AO within five (3) days of receipt.
- (g) If the discrepancy or error is resolved, the cardholder verifies the correction was made on the next Monthly Cardholder Statement.

(3) In a dispute situation, a "Government Cardholder Dispute Form" (see attachments 12-13) shall be completed by the **cardholder and forwarded to CitiBank Government Card Services within 60 calendar days of the statement date** in the following circumstances:

(a) If a cardholder has returned an item and a credit does not appear on the Cardholder's next monthly statement, attach a copy of the credit voucher or documentation showing the item was returned to the dispute form (i.e. a postal receipt).

(b) If the cardholder requested, but was unsuccessful in obtaining a credit voucher from the Contractor for unacceptable/defective items.

Note: Unacceptable/defective items must be returned immediately. The cardholder can either request a credit voucher or replacement.

(c) The price charged for an item is incorrect and the Contractor does not issue a credit voucher within the 60-day period.

(d) A charge was listed on a cardholder's statement that was not authorized.

(e) Duplicate billing of an order, and the Contractor does not issue a credit within the 60 days.

(f) Lost or misplaced sales slip.

Note: All charges on the cardholder/AO statements will be paid in full under the pay and confirm method. It is extremely important for cardholders to complete the dispute form, when required, within the 60 day period to recover expended funds.

14. PROCEDURES FOR APPROVING OFFICIALS.

a. Administration and Follow-Up. The AO must review within five (5) days each cardholder's statement to verify that all transactions made were in the interest of the NAFI and that

purchases were made in accordance with BUPERSINST 7043.1A (or current version) and this SOP.

b. Statement of Account Certification. The AO will certify the statements and forward them to the local NAF Finance and accounting Office within five (5) days after receipt.

NOTE: The AO will certify both the individual cardholder's statement and the AO account summary.

c. Card Control. AOs shall notify the APC immediately upon the imminent departure of an employee (resignation or transfer). The cardholder shall present the card to the APC and destroy it by cutting it in half in his/her presence. The APC shall dispose of the card in accordance with local policy on disposal of sensitive materials. The APC must complete section I on the "Government Card Maintenance" form (attachment 10), check block H (Account Closure), and forward it to CitiBank or the APC can contact CitiBank's customer service department to cancel the cardholder account.

Note: If a departing employee fails to turn in their purchase card, the AO will notify the APC who will then complete the "Cardholder Maintenance" form as stated above.

d. Authority. The AO may not redelegate his/her authority.

15. ACCOUNTING PROCEDURES. Each NAFI should record purchase card transactions as a credit to Other Payables (00-202-00), with an offsetting debit to the appropriate expense account. The central payment made by PERS-65 will be recorded to RAMCAS general ledger (via telecommunication). This entry will reflect a debit to Other Payables (00-202-00) and an offsetting credit to Central Bank Account (00-101-00). The NAF Finance and Accounting office shall reconcile Other Payables account (00-202-00 each month.

16. LOST OR STOLEN CARDS.

a. If the Purchase Card is lost or stolen, the cardholder shall notify the AO and CitiBank immediately upon discovery of the loss or theft. The AO will require information to complete a report, which shall include the information outlined in b. below. A new card will be issued to the cardholder within a few days of the reported loss or theft. The cardholder is responsible for promptly notifying CitiBank as the NAFI may be responsible for charges against the card.

b. Within one (1) day of the incident, the AO is required to make a written report to the APC that will contain the following information:

- (1) The card number
- (2) The cardholder's name as it appears on the card.
- (3) The date and location of the loss.
- (4) If stolen, date reported to police.
- (5) Date and time CitiBank was notified.
- (6) Any purchase(s) made on the date the card was lost or stolen.

(7) Any other pertinent information.

c. To notify CITIBANK of a lost or stolen card or suspected fraud contact CitiBank Customer Service at: (Stateside) 1-800-790-7206. For locations outside continental US: (904) 954-7850.

d. If the purchase card is found after it is reported lost or stolen, the AO will destroy and properly dispose of the card in accordance with local policy on disposal of sensitive materials.

e. If an employee negligently continues to lose the purchase card, the AO shall take appropriate corrective action.

17. CITIDIRECT is CitiBank's web-based program and information management reporting system. This system allows APCs, AOs and Cardholders to look-up purchase card transactions and review cardholder's eStatements. Also, APCs can request, review and print reports. Since this system utilizes a Unit Identification Code (UIC) for several functions, and UICs belong to the APF Purchase Card Program, NAFIs cannot take advantage of all the features. NAFIs must continue to mail or fax set-up or maintenance forms to CitiBank. Also, monthly statements are still mailed to NAFIs.

You can access CitiDirect at www.CitiDirect-GCS.com. APCs and AOs must contact CitiBank's customer service to request a Username at (800) 790-7206. Cardholders Username is the first four (4) letters of their last name and the last six (6) numbers of their purchase card account. The password is the same as Username. When you login on CitiDirect for the first time the system will let you set a new password.

18. OTHER INFORMATION. For questions regarding your account contact CitiBank Customer Service at 1-800-790-7206 for (Stateside). For locations outside the continental US: (904) 954-7850.

MEMORANDUM

From: Appointing Official

To: _____

Subj: APPOINTMENT AS APPROVING OFFICIAL

Encl: (1) Standard Operating Procedures for use of the
NAF Purchase Card

1. You are hereby appointed as the Approving Official for the cardholder(s) assigned to your office. Enclosure (1) provides detailed instructions on your responsibilities and procedures as an Approving Official. The total monthly charges by your cardholders(s) must not exceed your monthly office limit of \$____.

2. As the Approving Official you are required to review and certify the cardholder(s) monthly statement and determine if those items purchased were for official use and were purchased in accordance with our NAF procurement policy (BUPERSINST 7043.1A) or current version, and the enclosed Standard Operating Procedures. Only nonappropriated funds (NAF) may be obligated by your cardholder(s). It is your responsibility to follow-up on questionable purchases and to ensure conformance with agency guidelines. If actions are found to be in violation with stated policies and procedures, notification must be given to the Agency Program Coordinator, CitiBank, and the NAF Finance and Accounting Office for appropriate action.

3. Please acknowledge receipt of this letter by signing below and returning a copy to the Agency Program Coordinator.

SIGNATURE AND TITLE OF THE CONTRACTING OFFICER

I have reviewed, understand, and concur with my responsibilities in connection with the purchasing card program.

Receipt Acknowledged: _____

Date: _____

MEMORANDUM

From: Appointing Official

To: _____

Subj: APPOINTMENT AS CARDHOLDER

Encl: (1) Standard Operating Procedures for use of the Purchase Card.

1. Appointment. You are appointed as a Cardholder to execute purchases using the Purchase Card issued by CitiBank using nonappropriated funds (NAFs) for the purpose set forth in paragraph 2 below. Your authority can not be redelegated to any other individual. Your appointment shall become effective this date and shall remain effective until rescinded. You are responsible to, and under the technical supervision of, the NAF Contracting Officer (Agency Program Coordinator) for duties delegated in this letter of appointment.

2. Authority, Limitations, and Requirements. Your appointment is subject to the use of the method(s) of purchase and to the limitations and requirements stated below:

a. Your appointment is for the express purpose of providing essential NAF procurement support to NAF activities in accordance with BUPERSINST 7043.1A, (or current version) and the enclosed Navy-wide Standing Operating Procedure (SOP). All purchases shall be within the below limits:

SINGLE PURCHASE LIMIT: \$_____

MONTHLY PURCHASE LIMIT: \$_____

b. Subject to ensuring that funds are available, you may make over-the-counter, internet, fax and telephonic purchases using the Purchase Card (Mastercard), issued by CitiBank, and provided all of the following conditions are satisfied:

(1) The amount of purchase will not exceed your single purchase limit. The total of a single purchase to be paid using the card may be comprised of multiple items, but, cannot exceed the authorized single purchase limit.

(2) The supplies or services do not require technical inspection.

(3) Equipment does not require the purchase of extended service warranties or maintenance agreements.

(4) Purchases are not split into smaller buys to avoid procurement limitations. This is known as "splitting" requirements and is strictly prohibited. Requirements exceeding the single purchase limit must be forwarded through normal channels to a NAF Contracting Officer for purchase action.

Subj: APPOINTMENT AS CARDHOLDER

(5) Accountable supply items purchased are identified to the property control officer.

(6) All items purchased should be immediately available. Back ordering should be avoided. If items are not readily available, requirements should be forwarded to the NAF Contracting Officer for procurement action.

(7) All items purchased are not required to be confirmed with a written order and should be delivered in a single delivery by the Contractor within the 30-day billing cycle. The order should not be placed without this assurance.

(8) The Contractor will honor tax-exempt status. When purchasing items, the cardholder shall inform the Contractor that the purchase is for Official U.S. Government/NAFI purposes and therefore is not subject to state or local tax. The card is imprinted with the words "US Govt Tax Exempt" for additional clarification.

(9) The Purchase Card is used only by the cardholder whose name is embossed thereon. Cardholders shall not allow others to use their card.

c. In addition, cardholders must strictly adhere to paragraph 11, entitled, "Prohibited Purchases" in the above referenced SOP.

3. Ethics Training. You shall receive and comply with training received in ethics in accordance with the attached SOP.

4. Termination of Appointment.

a. Your appointment may be revoked at any time.

b. Should you be reassigned from your present position, or should your employment be terminated while this appointment is in effect, you shall promptly notify your Approving official and Agency Program Coordinator so that your appointment may be terminated.

5. Questions regarding your use of the purchase card may be directed first to your Approving Official, and then to the Agency Program Coordinator as needed.

6. Cardholder shall acknowledge receipt of this letter by signing below and returning a copy to the Agency Program Coordinator.

SIGNATURE AND TITLE OF CONTRACTING OFFICER

Receipt Acknowledged:

Cardholder

Date

Copy to:
Agency Program Coordinator

NAF PURCHASE CARD LOG

CARDHOLDER: _____

30-DAY LIMIT: _____

SINGLE PURCHASE LIMIT:

[illegible]

- (*)
- Verify accuracy of statement NLT 5 calendar days after receipt of Statement of Account.
 - Sign Statement of Account; attach supporting documentation, forward to Approval Official.
 - Notify CITIBANK Customer Service, if statement is not received by the 28th of the month.

NAVY APC (AGENCY PROGRAM COORDINATOR) MAINTENANCE/SETUP FORM

Name of Agency/Organization

New APC

3. Signature of Agency/Organization Program Coordinator

Date

Email Address

Upon completion, forward to your Agency's Citibank Client Development Manager. CB006 Revised 11161998F

**GUIDE FOR
AGENCY PROGRAM COORDINATOR (APC) SET-UP FORM**

- 1. Name of Agency/Organization:** Name of your Activity.
- 2. Agency Reporting Levels:** 01700-00017-00022-00021 #####
- 3. NEW OR CHANGE:** Mark box new if request is for new Activity set-up. Or mark box change if new APC is replacing old APC.
- 4. Name of APC:** APC's full name (Last, First and Middle Initial).
- 5. Street Address:** Business mailing address for APC.
- 6. Business Phone:** Area code and business phone number for APC.
- 7. Fax Number:** Area code and fax phone number.
- 8. Verification:** A password (can be numbers). The password will be requested when the APC contacts CitiBank Customer Service for assistance.
- 9. Terms and Conditions:** APC listed must sign form.

GOVERNMENT APPROVING OFFICIAL (AGENCY ACCOUNT) SETUP/MAINTENANCE FORM

NOTE: At an Agency/Organization's option, an Approving Official may be designated.

SECTION I

INSTRUCTIONS

1. To add or change an Approving Official, the Approving Official completes Section II and signs in Section V, and the A/OPC completes Sections III and IV, and signs in section VI. Signatures are required only if submitted by fax or mail.
2. Type of request: ☒ New ☐ Change Approving Official Information
(Complete entire form) (Complete Reporting Hierarchy and only the items requiring a change.)
3. Maintain a copy in the Approving Official and Agency/Organization Program Coordinator's files.
4. Fax to your CAS Manager at (904) 954-8744 or Mail to Citibank Government Card Services at P.O. Box 45134, Jacksonville, FL 32232-5134.

SECTION II

APPROVING OFFICIAL INFORMATION (Please Print)

*Last Name of Approving Official (maximum 24 characters) *First Name *Middle Initial

*Approving Official Corporate Account Number (mandatory 16 characters for changes only)

*Agency/Organization Name (maximum 24 characters)

*Verification Information

*Business Mailing Street Address Line 1 (maximum 36 characters)

*Business Phone

Business Mailing Street Address Line 2 (maximum 36 characters)

*City

*State

*Zip Code

Country

Email Address

NONE NONAPPROPRIATED

Fax Number

*Discretionary Code 1 (maximum 12 characters)

NONE NONAPPROPRIATED

*Master Accounting Code (LOA Line of Accounting, maximum 75 characters)

SECTION III

REPORTING PARAMETERS

*Reporting Hierarchy: 01700 00017 00022 00021 _____

SECTION IV

AUTHORIZATION PARAMETERS

Dollars per Cycle Limit \$ _____ Number of Transactions: Cycle __N/A__ Day __

SECTION V

APPROVING OFFICIAL SIGNATURE (Required for paper submission only.)

Approving Official Signature: _____ Date _____

SECTION VI

AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE (Required for paper submission only.)

Approving Agency/Organization Program Coordinator's Signature _____ Date _____
() ()

Full Name (Please print)

Business Phone

Fax Number

*Asterisked fields must be completed prior to submission.

**GUIDE FOR
APPROVING OFFICIAL (AO) SET-UP/MAINTENANCE FORM**

1. Section I

2. NEW OR CHANGE: Mark box (new) if request is for completely new AO. Or mark box (change) is new AO is replacing an AO with an existing account number (Corporate account number)

3. Section II

4. AO Name: AO's full name. Last, first and Middle Initial. Written **ABOVE** line.

5. AO Corporate Account Number: Must supply 16 digit account number if requesting change to existing profile. Leave blank if request is for new AO.

6. Organization Name: Name of organization.

7. Business Street Address: AO's business address.

8. Business Phone: Area code and business phone number.

9. Fax Number: Area code and fax phone number.

10. Verification: AO to provide identification password (i.e. a control number) This control number will be requested when the AO contacts CitiBank Customer Service for assistance.

11. Discretionary Field One: Must supply full Unit Identification Code with bulk obligation indicator at end. (NAF will type in None Nonappropriated) N for not bulk obligated.

12. LOA: N/A (Does not apply to NAF)

13. Section III

14. Reporting Parameters: Must supply Reporting Hierarchy level through level 5.

15. Section IV: Supply 30 day cycle limit. Number of transactions (N/A) for NAF.

16. Sections V and VI: Signatures of AO and APC.

GOVERNMENT PURCHASE CARD SET-UP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input by the Cardholder.

SECTION I	<u>INSTRUCTIONS</u> 1. To add a new account, Cardholder complete section II and sign in section VI, A/OPC complete sections III through V and sign in section VI. 2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files. 3. Fax to (904) 954-8710 or Mail to Citibank Government Card Services, P.O. Box 45134, Jacksonville, FL 32232-5134.
------------------	---

SECTION II	<u>CARDHOLDER INFORMATION</u> (Please Print)
<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">*Last Name of Cardholder</div> <div style="width: 33%;">*First Name</div> <div style="width: 33%;">*Middle Initial (maximum 20 characters)</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Name of Approving Official</div> <div style="width: 60%;">*Approving Official Account Number</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Agency/Organization Name (maximum 24 characters)</div> <div style="width: 40%;">*Verification Information , Benefit Start Date (MMYY)</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">4th Line Embossing</div> <div style="width: 40%;">*Activation Information (Last 4 digits of SSN) ()</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">*Business Mailing Street Address Line 1 (maximum 36 characters)</div> <div style="width: 40%;">*Business Phone</div> </div>	
Business Mailing Street Address Line 2 (maximum 36 characters)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">*City</div> <div style="width: 33%;">*State</div> <div style="width: 33%;">*Zip Code</div> </div>	
Email Address ()	
NONE NONAPPROPRIATED	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Fax Number</div> <div style="width: 70%;">Discretionary Code 1, (Unit Identification Code and Bulk Obligation Indicator, (e.g., N12345Y or N34567N) N/A</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Discretionary Code 2 (maximum 20 characters) N/A</div> <div style="width: 40%;">Discretionary Code 3 (maximum 15 characters)</div> </div>	
Master Accounting Code (maximum 75 characters) *Valid LOA append from Navy table	

SECTION III	<u>REPORTING PARAMETERS</u>
*Reporting Hierarchy: 01700 00017 00022 00021	
*Card Delivery ID #: N/A (maximum 5 characters)	

SECTION IV	<u>AUTHORIZATION PARAMETERS</u>
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">*Cycle Limit \$</div> <div style="width: 60%;">Convenience Checks Y N <u>X</u> 2 Bks 6 Bks</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Single Dollar Transaction Limit</div> <div style="width: 60%;">(If you checked Y for Convenience Checks fill in cash percentage below)</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;">Cycle Number of Transaction <u>N/A</u></div> <div style="width: 50%;">Cash Advance (for convenience checks only)% <u>NA</u></div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 50%;">Daily Number of Transaction(s) <u>N/A</u></div> <div style="width: 50%;">*MCC Template Name <u>GSA000, GSA000A</u></div> </div>	

SECTION V	<u>*PLASTIC TYPE</u> (Please check one of the following)
Government Standard <u>X</u> Quasi-Generic White	

SECTION VI	I agree to abide by the procedures established in the Citibank Government Card guidelines. I understand that it is my responsibility to notify Citibank at 1-800-790-7206 (overseas call collect 011-904-954-7850) immediately if my card is lost or stolen.
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;">*Cardholder Signature</div> <div style="width: 30%;">Date</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;">*Agency Program Coordinator's Signature</div> <div style="width: 30%;">Date</div> </div>	

PURCHASE CARD SET-UP FORM

Note: This form is to be completed by the APC with the required information input by the AO and the Cardholder.

Section I Instructions

1. To add a new account, Cardholder completes section II and signs in section VI, APC completes sections III through V and signs in section VI. AO provides information for section IV.
2. Maintain a copy in the Cardholder and APC's files.
3. Fax to (904) 954-8710 or Mail to CitiBank Government Card Services, P.O. Box 45134, Jacksonville, FL 32232-5134.

Section II Cardholder Information (Please type or Print)

***Last Name of cardholder *First Name *Middle Initial** (maximum 20 characters)

***Name of AO *AO Account Number**

*Organization Name (maximum 24 characters)

*Organization Name (maximum 24 characters)

*Verification Information (Service Comp Date) MMY

*4th Line Embossing *Last 4 digits of SSN

*Business Mailing Address Line 1 (maximum 36 characters)

*Business Phone Number

*City *State *Zip Code

*Email Address

*Fax Number *Discretionary Code 1, (None-Nonappropriated)

*Master Accounting Code (N/A)

Section III Reporting Parameters

*Reporting Hierarchy: 1700 00017 00022 00021 _____

Note: Level 5 is usually your RAMCAS Fund Number. Level 6 is the five digit number assigned to the AO.

*Card Delivery ID# N/A

Section IV REPORTING PARAMETERS

*Cycle Limit \$_____ Convenience Checks Y___N X

(monthly limit)

*Single Dollar Transaction Limit \$_____

Cycle Number of Transaction N/A

Daily Number of Transactions N/A *MCC Template Name_____

Section V *PLASTIC TYPE

Government Standard X

Section VI

I agree to abide by the procedures established in the Citibank Government Card guidelines. I understand that it is my responsibility to notify Citibank at 1-800-790-7206 (overseas call collect 011-904-954-7850) immediately if my card is lost or stolen.

GOVERNMENT CARD MAINTENANCE FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I**INSTRUCTIONS**

- To change information for existing accounts:
 - Complete section II with the type of request. *******Fill in only the applicable fields to be updated*******
 - Fill in the individual Government Card number : _____
 - Fill in the Cardholder's name as it appears on his/her Government Card: _____
- Approved copy to be maintained in Agency/Organization Program Coordinators files.
- Fax to (904) 954-8710 or mail to Citibank Government Card Services P.O. Box 45134, Jacksonville, FL 32232-5134.
- All changes will be completed within 3 business days unless requesting to move a particular cardholder from one billing site to another. These changes will be made the next business day after the agency/organization's cycle date.

SECTION II**TYPE OF CARDHOLDER MAINTENANCE REQUEST** ("X" all applicable)

- | | |
|---|---|
| <input type="checkbox"/> A. Cardholder Information Change (Section III) | <input type="checkbox"/> F. Cash Advance Limit Change (Section V) |
| <input type="checkbox"/> B. Hierarchy Change (Section IV) | <input type="checkbox"/> G. Transaction Limit Change (Section V) |
| <input type="checkbox"/> C. MCC/Blocking Change (Section V) | <input type="checkbox"/> H. Account Closure (Section VI) |
| <input type="checkbox"/> D. Monthly Limit Change (Section V) | <input type="checkbox"/> I. Other Changes: _____ |
| <input type="checkbox"/> E. Single Purchase Limit Change (Section V) | |

SECTION III**CARDHOLDER INFORMATION** (Please Print)

*Last Name of Cardholder	First Name	Middle Initial (maximum 20 characters)
---------------------------------	-------------------	---

*Agency/Organization Name (maximum 24 characters)	*Verification Information , Benefit Start Date (MMYY) ()
---	--

4th Line Embossing	*Activation Information (Last 4 digits of SSN)
--------------------	--

Business Mailing Street Address Line 1 (maximum 36 characters)	Business Phone
--	----------------

Business Mailing Street Address Line 2 (maximum 36 characters)

City	State	Zip Code
------	-------	----------

Email Address ()	NONE NONAPPROPRIATED
----------------------------	----------------------

Fax Number	Discretionary Code 1 Unit Identification Code and Bulk Obligation Indicator, (e.g., N12345Y or N34567N)
------------	---

Discretionary Code 2	Discretionary Code 3 (maximum 15 characters)
----------------------	--

Master Accounting Code (maximum 75 characters) *Valid LOA append from Navy table

SECTION IV**REPORTING PARAMETERS**

Current Reporting Hierarchy: _____

New Reporting Hierarchy: _____

New Card Delivery ID#: _____ (maximum 5 characters)

SECTION V**AUTHORIZATION PARAMETERS**

NEw Monthly Limit _____ Convenience Checks Y _____ N _____ 2 Bks _____ 6 Bks _____

New Single Dollar Transaction Limit \$ _____ (If you have Convenience checks complete new Cash limit)

New Cycle Number of Transaction(s) _____ New Cash Advance % _____

New Daily Number of Transaction(s) _____ New MCC Template Name _____

SECTION VI**ACCOUNT CLOSURE INSTRUCTIONS**

- You need to destroy your card(s).
- If you have convenience checks, please destroy any unused checks.

SECTION VII

Agency/Organization Program Coordinator's Signature _____ Date _____

GUIDE FOR PURCHASE CARD MAINTENANCE FORM

NOTE: Only those data elements requiring changes need to be completed.

Section I - Instructions

Indicate account number and full cardholder's name.

Section II - Type of Cardholder Maintenance Request

Mark the appropriate type of maintenance requested.

Section III - Cardholder Information

- 1. Name of Cardholder:** Full name of Cardholder - Last, First and Middle Initial.
- 2. Agency/Organization Name:** Name of Cardholder's Agency.
- 3. 4th Line Embossing:** MWR, CBQ, BH, ETC.
- 4. Business Mailing Street Address:** Address where the card and statement will be mailed.
- 5. Discretionary Code:** Alpha and/or Numeric Agency assigned code. This information appears on the cardholder's profile. It is not mandatory to use a discretionary code.

Section IV - Reporting Parameters

- 6. Current Reporting Hierarchy:** The five digit reporting code assigned to each level with the organizational hierarchy that defines the cardholders relationship with your Agency's reporting structure. NAFI has six five digit codes assigned.
- 7. New Reporting Hierarchy:** When a cardholder moves from one area to another within the Agency new five digit reporting codes are assigned, i.e. new AO.
- 8. Card Delivery ID# DO NOT USE**

Section V - Authorization Parameters

- 9. New Monthly limit \$:** Monthly spending limit.
- 10. New Single Dollar Transaction Limit \$:** Single purchase limit.
- 11. New Number of Transactions per:** N/A
- 12. New MCC Template Name:** Merchant blocking schemes. For example APC may want to block or ensure not blocked certain categories of purchases.
- 13. Convenience Checks:** N/A.

Section VI - Account Closure Instructions

Section VII - Agency Program Coordinator (APC) Signature

21. APC must sign for approval.

GOVERNMENT CARDHOLDER DISPUTE FORM

INQUIRER'S NAME: _____ DATE: _____

CARDHOLDER'S NAME: _____

ACCOUNT NUMBER: ____-____-____-____-____-____-____-____-____-____-____-____

CARDHOLDER: PLEASE PROVIDE A COPY OF ANY INFORMATION / FORMS REQUESTED BELOW ALONG WITH THE STATEMENT THE DISPUTED CHARGE APPEARS ON.

PLEASE FAX TO: (904) 954-8710 or MAIL TO:

GOVERNMENT CARD SERVICES

P.O. Box 45134

Jacksonville, FL 32232-5134

This form must be filled out completely and forwarded to Citibank and the appropriate Agency officials (as determined by your internal procedures) within 60 calendar days of receipt of your invoice.

AGENCY/ORGANIZATION PROGRAM COORDINATOR - THIS IS TO NOTIFY YOU OF AN ERROR ON MY BILLING STATEMENT:

DATE: _____ DOLLAR AMOUNT OF CHARGE: \$ _____

MERCHANT: _____

CARDHOLDER SIGNATURE: _____

Please read carefully each of the following descriptions and check the one most appropriate to your particular dispute. If you have any questions, please contact us at (800) 790-7206 (overseas call collect (904) 954-7850). We will be more than happy to advise you in this matter.

• **UNAUTHORIZED MAIL OR TELEPHONE ORDER**☐ I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.• **DUPLICATE PROCESSING-THE DATE OF THE FIRST TRANSACTION WAS _____.**☐ The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times.• **MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF \$ _____.**

(Please provide a separate statement detailing the merchant contact, and the expected date to receive merchandise.)

☐ My account has been charged for the above transaction, but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved.☐ My account has been charged for the above listed transaction. I have contacted this merchant on _____ (date) and canceled the order. I will refuse delivery should the merchandise still be received.• **MERCHANDISE RETURNED IN THE AMOUNT OF \$ _____.**☐ My account has been charged for the above listed transaction, but the merchandise has since been returned.

****Enclosed is a copy of my postal or UPS receipt.****

• **CREDIT NOT RECEIVED**☐ I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed.• **DIFFERENCE IN AMOUNT**☐ The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount for which I signed. The difference of amount is \$ _____.• **COPY REQUEST**☐ I recognize this charge, but need a copy of the sales draft for my records.• **SERVICES NOT RECEIVED-** Please enclose a separate statement with the date of the merchant contact and response.☐ I have been billed for this transaction; however, the merchant was unable to provide the services.☐ Paid for by another means. My card number was used to secure this purchase; however, the final payment was made by check, cash, or another credit card. (Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means.)• **NOT AS DESCRIBED**☐ The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must specify what goods, services, or things of value were received. The cardholder must have attempted to return the merchandise and state so in his/her complaint.)• **IF NONE OF THE ABOVE REASONS APPLY:**

Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper and sign and date your description statement.

GUIDE FOR CARDHOLDER DISPUTE FORM

Form required when disputing a charge(s)

- 1. Inquirer's Name:** Name of individual submitting dispute, i.e, APC or cardholder.
- 2. Today's Date:** Day, month, and year the dispute is being filed.
- 3. Cardholder's Name:** List the cardholder's name.
- 4. Account Number:** Cardholder sixteen digit account number.
- 5. Date:** Indicate the date the transaction in dispute was made.
- 6. Dollar Amount of Charge \$:** Indicate the dollar amount of the transaction in dispute.
- 7. Merchant:** Name of the merchant for the transaction in dispute.
- 8. Cardholder Signature:** Cardholder must sign.
- 9. Error Description:** Check the box(es) that most appropriately relates to your type of dispute.
- 10. Fax Form:** Fax completed form to CitiBank at (904) 954-8710 or Mail to:
GOVERNMENT CARD SERVICES
PO BOX 45134
Jacksonville, FL 32232-5134